

Work Order ID 105563

105563

Page 1

August-08-13 8:58:52 AM

Item ID: D4071-041

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Shoulder Harness Assembly

Start Date: 8/08/13 Start Qty: 4.00

4

Cust Item ID:

Required Date: 8/08/13 Req'd Qty: 4.00

4

Customer:

Reference:

Run Start *NR1*

Approvals: Process Plan: MLJ Date: 13-08-08 Tooling: _____ Date: _____

Stop *NR2*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D4071	A								

100 0.00

100

Purchasing

Memo

0.00

Purchasing

Issue P/O: 20889

Manufacture D4071-041 as per Dwg D4071

Supplier: AMSAFE INC.

Certificate of conformity is required

CX 13/08/12 (4)

110

Receive & Inspect for Damage & Mat'l Certs 0.00

110

Packaging

Memo

0.00

Packaging

143/7/9 (4)

120

QC6- Inspect dimensions to drawing 0.00

120

QC

Memo

0.00

Quality Control

DAW 27
13-9-10

4

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 105563

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Page 2

August-08-13 8:58:52 AM

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Customer:

Reference:

Run Start

NR1

Approvals:

Process Plan:

Date:

Tooling:

Date:

Stop

NR2

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

Identify as per dwg & Stock Location: ST264

0.00

130

Packaging

Memo

0.00

Packaging

4X

285

13-09-10

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

13/9/11

13-09-11

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		
<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Picklist Print

August-08-13 8:58:52 AM

Page 1

Work Order ID: 105563

Parent Item: D4071-041

Parent Item Name: Shoulder Harness Assembly

Start Date: 8/08/13

Required Date: 8/08/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev:A new issue DD 10.04.23 verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
4147-2-041-2396 Shoulder Harness, 4 point		Purchased	No			110	Each	0.0000	1	4			

[Handwritten signature]

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

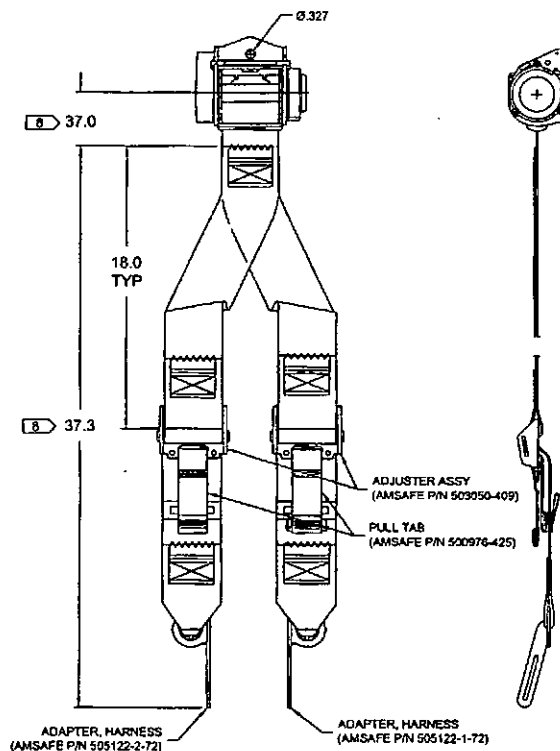
Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

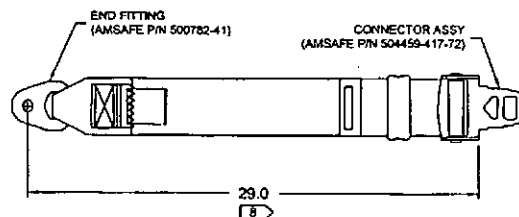
SPECIFICATION CONTROL DRAWING



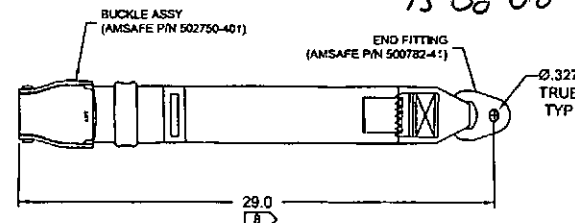
D4071-041 SHOULDER HARNESS ASSY
SHOULDER HARNESS DETAIL
(AMSAFE SUB-ASSY P/N 4147-2070412396)

NOTES:

- 1) PURCHASE: AMSAFE INC. PART No. 4147-2-041-2396
4 POINT SHOULDER HARNESS.
MEETS REQUIREMENTS OF FAA TSO-C114
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 EXCEPT DIMENSIONS: X.X ±0.50
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: LABEL TO CONTAIN THE FOLLOWING AT MINIMUM:
P/N 4147-2-041-2396
CUST P/N: D4071-041
DATE OF MFG
CONFORMS TO FAA TSO-C114
- 7) WEIGHT: 2.2 lbs
- 8) INDICATED DIMS ARE FULLY EXTENDED LENGTH.



CONNECTOR HALF ASSY
(AMSAFE SUB-ASSY P/N 4147-2030412396)



BUCKLE HALF ASSY
(AMSAFE SUB-ASSY P/N 4147-2010412396)

D4071-041 SHOULDER HARNESS ASSY
LAP BELTS DETAIL

RELEASED
2010-04-19

A NEW ISSUE		JPH 10.04.13	
REV.	DESCRIPTION	BY	DATE
DESIGN	JPH	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	JPH		
CHECKED	JPH	DRAWING NO.	REV. A
MFG. APPR.	N/A	D4071	SHEET 1 OF 1
APPROVED	ANN	TITLE	SCALE
DE APPR.		SHOULDER HARNESS ASSY (D350-689) NTS	
DATE	10.04.13	COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PROPRIETARY AND IS SUPPLIED ON THE EXPRESS UNDERSTANDING THAT IT IS NOT TO BE USED FOR ANY PURPOSE, OR COMPILED OR CONSIDERED TO BE IN ANY MANNER WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD	

AmSafe

1043 NORTH 47th AVENUE
PHOENIX, AZ 85043
PH (602)850-2850 FAX (602)850-2812

SHIPPER/CERTIFICATION



CUSTOMER NO.	SALES ORDER NO.	BOL NO.	DATE PRINTED	PAGE NO.
10006113	S261222	000310980	09/05/13	1

DART AEROSPACE
1270 ABERDEEN STREET
HAWKESBURY
HAWKESBURY, ON K6A 1K7
Canada

DART AEROSPACE LTD.
1270 ABERDEEN ST
HAWKESBURY,, ON K6A 1K7
Canada

Ship to ID: 10006125

CUSTOMER ORDER NO.	TERMS	FREIGHT	SHIP VIA	F.O.B.
PO20889	NET30	COLLECT	FedEx P1 10:30 AM	ORIGIN

Sales Order Remarks: 1517-9324-0
Remarks:

SHIPMENT REFERENCE 000310980

LINE	ITEM NUMBER / DESCRIPTION	DRAWING AND CERTIFICATIONS	DUE DATE	QTY ORDERED	QTY SHIPPED	QTY BACK ORDERED
1	Cust. Item No.: D4071-041 4147-2-041-2396 REST SYS ASSY W/IR	DRAWING: 4147 REV: H CERT: TSO-C114 Lot/Serial Numbers Shipped Quantity S261222-1 4.0	2013-09-03	4 Expire Ref.	4	0

I certify that the article(s) listed above conform to all applicable design data, and (as applicable):

FAA PMA, FMVSS 209, FMVSS 302, 14 CFR 25.853

FAA TSO C22f, C22g, C114 or TSO Plus

The conditions and tests required for TSO approval of the article(s) are minimum performance standards. It is the responsibility of those installing the article(s) either on or within a specific type or class of aircraft to determine that the aircraft installation conditions are within the standards applicable to the TSO article including (when applicable) the integrated non-TSO function. The non-TSO function is described as the seat belt airbag system including the inflator cable assembly and electrical components that have not been evaluated for functionality or installation requirements. TSO articles including the integrated non-TSO function must have separate approval for installation in an aircraft. The article(s) may be installed only if performed under 14 CFR part 43 or the applicable airworthiness requirements. Product shipped meets all material, processing and test requirements. Certifications/Test reports as applicable are retained on file at AmSafe Aviation.

AmSafe Authorized Signature: X

SEP 05 2013

Printed Name: Stephanie Turner

Dated: / /

COUNTRY OF ORIGIN USA

COPY

1. Approving National Aviation Authority/Country: FAA/United States		2. AUTHORIZED RELEASE CERTIFICATE FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG				3. Form Tracking Number: 5261222-1NA	
4. Organization Name and Address: AmSafe Aviation 1043 North 47th Avenue Phoenix, Arizona 85043				Cert. No. PT1967NM		5. Work order/Contract/Invoice Number: S261222 - 1 PAGES ATTACHED	
6. Item:	7. Description:	8. Part Number:	9. Eligibility: *	10. Quantity:	11. Serial/Batch Number:	12. Status/Work:	
1	REST SYS ASSY W/IR	4147-2-041-2396	N/A	4	A0813	NEW	
13. Remarks: Drawing: 4147 Rev: H TSO: TSO-C114 CUST P/N: D4071-041 EXPORT AIRWORTHINESS APPROVAL: THIS ARTICLE MEETS THE SPECIAL REQUIREMENTS OF CANADA							
14. Certifies the items identified above were manufactured in conformity to: <input checked="" type="checkbox"/> Approved design data and are in a condition for safe operation <input type="checkbox"/> Non-approved design data specified in Block 13.				19. <input type="checkbox"/> 14 CFR 43.9 Return to Service <input type="checkbox"/> Other regulation specified in Block 13 Certifies that unless otherwise specified in Block 13, the work identified in Block 12 and described in Block 13 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.			
15. Authorized Signature: 		16. Approval/Authorization No.: ODA602112NM		20. Authorized Signature		21. Authorized/Certificate No.	
17. Name (typed or printed) NELLIE ALVARADO		18. Date (m/d/y): SEP 10 2013		22. Names (typed or printed)		23. Date (m/d/y):	
User/Installer Responsibilities							
<p>It is important to understand that the existence of this document alone does not automatically constitute authority to install the part/component/assembly. Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts parts/components/assemblies from the airworthiness authority of the country specified in Block 1.</p> <p>Statements in Blocks 14 and 19 do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.</p>							

